

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAY 17 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 334571

1. Corporation Name
RETAIL credit publications INC.
7502 ANNA AVE
PO Box 1461 Gibsonton, FL 33534-1461

Principal Place of Business Mailing Address

7502 ANNA AVE PO Box 1461
GibsonTON, FL GibsonTON, FL
33534-1461

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT 93-99

4. Date Incorporated or Qualified To Do Business in Florida
09/05/1968

5. FEI Number
59-1706918

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Applied For
Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>pres</i>	<i>CHARLES F. FEARNOW</i>	<i>7502 ANNA AVE</i>	<i>GibsonTON, FL 33534-1461</i>
<i>Sec</i>	<i>N.T. FEARNOW</i>	<i>7502 ANNA AVE</i>	<i>GibsonTON, FL 33534-1461</i>
<i>treas</i>	<i>CHRISTOPHER D. FEARNOW</i>	<i>7502 ANNA AVE</i>	<i>GibsonTON, FL 33534-1461</i>
<i>V.P.</i>	<i>CHARLES F FEARNOW JR</i>	<i>7017 Gibsonton Dr.</i>	<i>GibsonTON, FL 33534</i>

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-06/02/99--01067--018
***1650.00 ***1500.00

8. Name and Address of Current Registered Agent

C.D. FEARNOW
7502 ANN AVE
PO Box 1963 Gibsonton FL
RIVERVIEW, FL 33568

9. Name and Address of New Registered Agent

Name *C.D. FEARNOW*
Street Address (P.O. Box Number is Not Acceptable) *7502 ANNA AVE*
Suite, Apt. #, Etc *APT #1*
City *GibsonTON*
State *FL* Zip Code *33534*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Christopher Fearnow* Date *5/9/99*
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that at when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(g), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *CHARLES F FEARNOW pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *5/9/99* 813-9850206

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